



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Adbry ^{CC}	Elidel*	Omnaris	Vascepa*
Adderall XR*	Eliquis	Omnitrope ^{CC}	Ventolin HFA*
Advair Diskus*	Enbrel ^{CC}	Onglyza*	Victoza ^{CC}
Advair HFA*	Entresto	Oseni*	Vitafol Fe+ softgel
Aimovig ^{CC}	Epclusa ^{CC*}	Oxytrol	Vitafol-Nano prenatal tablet
AirDuo RespiClick*	Eucrisa ^{CC}	Ozempic ^{CC}	Vitafol-OB
Ajovy ^{CC}	Farxiga	Pradaxa*	Vitafol-OB+DHA
Anoro Ellipta	Fasenra ^{CC}	Premarin (tablets only)	Vitafol-One softgel
Apidra	Flovent Diskus [^]	Prepro	Vitafol Prenatal w/iron gummies
Apidra Solostar	Flovent HFA* [^]	ProAir Digihaler [^]	Vitafol Ultra softgel
Aricept*	Focalin XR*	ProAir Respiclick	Vyvanse* (capsules)
Arnuity Ellipta	Genotropin ^{CC}	Proventil HFA*	Xarelto
Asmanex HFA	Harvoni ^{CC*}	Pulmicort Flexhaler	Xigduo XR
Asmanex Twisthaler	Hemangeol ^{CC}	Qvar RediHaler	Xofluza [†]
Atrovent HFA	Humira ^{CC}	Rebif	Xolair ^{CC}
Avonex	Humalog*	Relenza [†]	Zepatier ^{CC}
Bepreve*	Humalog Mix	Ritalin*	Zetonna
Besivance	Incruse Ellipta	Rybelsus ^{CC}	Zomacton ^{CC}
Betaseron	Invokamet	Select-OB + DHA	Zovirax* (cream only)
Bethkis*	Invokana	Serevent Diskus	Zubsolv ^{CC}
Bevespi	Janumet	Skytrofa ^{CC}	Zylet
Blephamide	Janumet XR	Spiriva Handihaler*	
Breo Ellipta*	Januvia	Spiriva Respimat	
Brilinta	Jardiance	Stiolto Respimat	
Bydureon Bcise ^{CC}	Jentaduetto	Striverdi Respimat	
Byetta ^{CC}	Jentaduetto XR	Sublocade ^{CC}	
Cipro HC	Kazano*	Suboxone ^{CC*}	
Ciprodex*	Kitabis*	Symbicort*	
Combivent Respimat	Kombiglyze XR*	Synjardy	
Concerta*	Lantus*	Synjardy XR	
Copaxone*	Levemir	Tamiflu ^{†*}	
Daytrana*	Mavyret ^{CC}	Tezspire ^{CC}	
Diastat*	Nesina*	Toviaz*	
Diastat Acudial*	Nitro-Bid	Tradjenta	
Dulera	Nitrostat*	Trulicity ^{CC}	
Dupixent ^{CC}	Novolog*	Tysabri	
Dymista*	Novolog Mix 70-30	Ubrelyv ^{CC}	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 10/1/2024

^{CC} Denotes agent is preferred with clinical criteria in place.

[^]Flovent HFA and Flovent Diskus discontinued 12/31/2023. Proair Digihaler, ArmonAir Digihaler, Airduo Digihaler discontinued 6/1/2024.